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DECLARATION FOR UTILITY OR

Attorney Docket Number

DESIGN	First Named Inventor	Jillian Jacobson-Alti						
PATENT APPLICATION	0	COMPLETE IF KNOWN						
(37 CFR 1.63)	Application Number							
Declaration Declaration	Filing Date							
Submitted OR Submitted after With Initial Filing (surchar	I AN UNII							
Filing (37 ČFR 1.16 required)	(e)) Examiner Name							
I hereby declare that:								
Each inventor's residence, mailing address, and citizenship are as stated below next to their name.								
I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
MULTI-SENSORY PLEASANT LIP GLOSS								
(Title of the Invention)								
(Title of the Invention) the specification of which								
is attached hereto								
OR								
was filed on (MM/DD/YYYY)	an United States	Application Number of DCT International						
— was med on (www.ee/1111)	as United States i	Application Number or PCT International						
Application Number and was amended on (MM/DD/YYYY) (if applicable).								
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as								
amended by any amendment specifically referred to above.								
I acknowledge the duty to disclose information v continuation-in-part applications, material informat	/hich is material to patentability a ion which became available betwe	s defined in 37 CFR 1.56, including for length the filing date of the prior application						
and the national or PCT international filing date of the continuation-in-part application.								
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one								
country other than the United States of America, listed below and have also identified below, by checking the box, any foreign								
application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application Fumber(s) Country		iority Certified Copy Attached? Claimed Yes No						
	Not							
Additional foreign application numbers are lists	ed on a supplemental priority data s	theet PTO/SR/02B attached hereto						
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.								

[Page 1 of 2]
This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION — Utility or Design Patent Application

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NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor								
Given Name (first and middle [if any])	JILL			Family Name or Surname	Family Name			
Inventor's Signature Up J. 203								
Residence: City	State		1	Country Citizer				
Coral Gables	Florida		US			<u> 184</u>		
Mailing Address 299 Cocoplum Road								
City Coral Gables	State Florida		Z	ZIP 33143		Country US		
NAME OF SECOND INVENTO	R:			A petition has bee	en filed fe	or this unsigned inventor		
Given Name (first and middle [if any])				Family Name or Surname				
Inventor's Signature				•		Date		
Residence: City	State		Country	Country		Citizenship		
Mailing Address								
City	State		ZII	ZIP Cou		у		
Additional inventors or a legal representative are being named on thesupplemental sheet(s) PTO/SB/02A or 02LR attached hereto.								